INFORMATION BULLETIN



WELFARE-TO-WORK

Number: WB99-16
Date: April 1, 1999

Expiration Date: 6/30/99

69:133:cg:2655

TO: SERVICE DELIVERY AREA ADMINISTRATORS

PRIVATE INDUSTRY COUNCIL CHAIRPERSONS WELFARE-TO-WORK 15 PERCENT SUBGRANTEES

COUNTY WELFARE DIRECTORS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF

EDD EXECUTIVE STAFF

WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: QUARTERLY WTW REPORTING REQUIREMENTS FOR PERIOD

ENDING MARCH 31, 1999

The purpose of this information bulletin is to provide the third quarter Welfare-to-Work (WtW) reporting deadline and detailed line item instructions for completing both the expenditure and interim participant summary reports to the Service Delivery Areas (SDA).

All WtW reports for the period ending March 31,1999, are due to the Job Training Partnership Division by April 20, 1999. In accordance with the Training and Employment Guidance Letter (TEGL) No. 11-97, the WtW Summary of Expenditures Report (Attachment 1) has changed its format to add a line for Intake, Assessments, Eligibility Determination, and Case Management expenditures. Refer to Information Bulletin WB99-15 for information regarding the timeline for participant reporting changes.

The WtW Summary of Expenditure Report is accessible by using the same menu you currently use to request cash drawdowns on the Job Training Automation (JTA) system. Please refer to the *JTA WtW Statewide Expenditure Reporting Guide* for expenditure reporting instructions. If you do not have on-line access, please fax a completed and signed WtW Summary of Expenditure Report directly to Leah Pears of the Financial Management Unit at (916) 654-9586.

For JTA users, the Interim Participant Report (Attachment 2) needs to be transferred electronically using the Print WtW Participant Report (PWPR) function. Note that a transfer file will be created only for individual reports, not summary reports. (Enter "I" not "S" on the PWPR option screen). The Employment Development Department is currently revising the JTA system to accept zero participant reports. In the interim, SDAs that have zero participants or do not have on-line access must fax a completed and signed WtW Interim Participant Report directly to Karen Yuke of the Data Analysis Unit at (916) 654-9586.

If you have any questions, contact Leah Pears of the Financial Management Unit at (916) 654-8295 for expenditure reporting, and Karen Yuke of the Data Analysis Unit at (916) 654-7585 for participant reporting.

/S/ BILL BURKE
Assistant Deputy Director

Welfare-to-Work Summary of Expenditures

1.	SUBGRANTEE NAME AND ADDRESS 2. SUBGRANTEE CODE:		CODE:			
				3. GRANT CODE:		
				4. REPORT PERIOD ENDING:		
I.	SUBGRANT IN	FORMATION		CURRE	NT YEAR	PRIOR YEAR
Α.	Year of Appropr	iation				
	Report Revision					
C.	Subgrant/Contra	act Number				
D.	Subgrant Term:	From:			/ /	/ /
		To:			/ /	1 1
	Total Allotment					
	Final Report (N/	·				
	CUMULATIVE E					
Α.		enditures (Sum of A1 + A2	•			
		d Beneficiaries (70% of \$				
		igibles (30% of \$MAXIMI	JM)			
	Administration					
	Technology/Con					
		EXPENDITURES BY AC				
Α.		es of Activities (Sum of A	11 thru A14)			
	1. Community S					
	2. Work Experie					
		Creation Wage Subsidies				
		Creation Wage Subsidie	es			
	5. On-the-Job 7					
		ss Services Vouchers ss Services Contracts				
		ent Services Vouchers				
		ent Services Contracts				
		ment Services Vouchers				
		ment Services Contracts				
		n Services and Supportive				
		evelopment Accounts	70 001 11000			
		ssments, Eligibility Det. 8	k Case Mamt.			
IV.	OTHER REPOR		g			
	Non-Federal Ma					
	In-Kind Match	NOT 1				
	Unliquidated Ob	ligations				
		•				
	D. Program Income Earned					
	E. Program Income Expended					
	Total Cash Received COMMENTS:					
V.	COMMENTS.					
VI.		N: I certify to the best cand unpaid obligations are				
Na	me	Title	Phone No.	Signature		2 2
Contact Person Title Phone No.		Phone No.	Date Submitted		tted	

Welfare-to-Work (WtW) Summary of Expenditures Line Item Instructions

Heading Information

Item		Instructions
1.	SDA/Subgrantee Name and Address	Enter the name and address of the SDA or the Subgrantee.
2.	Subgrantee Code	Enter the Job Training Automation (JTA) three-digit alpha-code assigned to each Subgrantee by the Job Training Partnership Division (JTPD).
3.	Grant Code	Enter the JTA three-digit numeric-code assigned to each funding source by JTPD. Note: Only one grant code can be reported per form.
4.	Report Period Ending	Enter the ending Month and Year of the report period for which this report is prepared.

Section I. Subgrant Information

This section provides information by Year-of-Appropriation (YOA) from the fund source. Information is entered into the columns titled Current Year and Prior Year according to the year in which the funds were allotted. Each column reflects cumulative expenditures against the available program year allotment from which they were drawn.

Item	Instructions		
Current Year Column	Use this column to report expenditures for the current fiscal year.		
Prior Year Column	Use this column to report expenditures for the year before the current fiscal year.		
A. Year of Appropriation	Enter the YOA.		
	Note: The YOA is the first fiscal year that the fund were allotted.		
B. Report Revision Number	Enter the revision number of this report (sequence number should be tracked by the SDA). This item has been added to ensure that the most current version of the report has been entered into the State's system. If this report is the initial report for the reporting period enter "00." If this report is the first revision, enter "01, and so forth.		
C. Subgrant/Contract Number	Enter the subgrant contract number assigned by the Employment Development Department.		

Item	Instructions		
D. Subgrant Term: From: To:	Enter the beginning (From) and ending (To) dates for the subgrant being reported.		
E. Total Allotment	Enter the total amount of federal funds available for expenditure during the reporting period. This is the sum of initial allocation and adjustments.		
F. Final Report (N/Y/C)	Enter an "N" (No) if this is not a final report. Enter a "Y" (Yes) if this is a final report. Use this option when the funds have been fully expended and you do not wish to submit further reports until closeout. Enter a "C" (Closeout) for a Closeout Report. Closeout Reports are due either 45 days after the ending date of a funding source or 60 days after the ending date of a master subgrant.		

Section II. Cumulative Expenditures

Each recipient shall report program outlays on an accrual basis. If the recipient's accounting records are not normally kept on the accrual basis, the recipient shall develop such accrual information through an analysis of the documentation on hand.

Item	Instructions		
A. Total WtW Expenditures (Sum of A1 + A2)	Enter the sum of Item A1 <i>Total Required Beneficiaries</i> and A2 <i>Total Other Eligibles</i> cumulative program expenditures and accruals.		
	Administration and Technology/Computerization expenditures should have been already incorporated in either Item A1 or Item A2 (70/30 requirement) as instructed below. 20CFR 645.230 and 20CFR 645.240(c)		
A1. Total Required Beneficiaries (70 percent minimum)	Enter that portion of Item IIIA Total Expenditures of Activities that is expended for Required Beneficiaries as defined in Section 645.212. This entry includes that portion of item IIB Administration, and item IIC Technology/Computerization, which is expended in accordance with the 70 percent minimum requirement. Administration and Technology/Computerization costs can be allocated based on the percentages of the total program expenditures for Required Beneficiaries.		
	20CFR 645.212		

Item	Instructions		
A2. Total Other Eligibles (30 percent maximum)	Enter that portion of Item IIIA Total Expenditures of Activities that is expended for "Targeting of Individuals with Characteristics Associated with Long-Term Welfare Dependence" as defined at Section 645.213. This entry includes that portion of Item IIB Administration, and Item IIC Technology/Computerization, which is expended in accordance with the 30 percent maximum limitation. Administration and Technology/Computerization costs can be allocated based on the percentage of total program expenditures for Other Eligibles.		
B. Administration (13 percent maximum)	Enter that portion of IIA <i>Total WtW Expenditures</i> that is expended for administration. Be sure to <u>exclude Technology/Computerization</u> expenditures (Item IIC). Note: Items IIB and IIC are to be incorporated in A1 and A2 (70/30 requirement). At the end of the three-year life of a fiscal year of funds, this amount should not exceed 13 percent of total allocation.		
C. Technology/ Computerization Expenditures	WtW Directive WD98-1 Enter that portion of Item IIA <i>Total WtW Expenditures</i> that is expended for information technology (computer hardware or software) needed for tracking or monitoring under a WtW grant. Be sure to exclude Administration expenditures (Item IIB).		

Section III. Cumulative Expenditures by Activity

Item	Instructions			
A. Total Expenditures of Activities Items A1 through A14	Enter the total cumulative accrued expenditures for the appropriate activities identified. The amounts that are reported in Items A1 through A13 should only include the <u>actual</u> costs of these activities.			
	Allocable administration costs should be reported as appropriate in Item IIB. Intake, assessment, eligibility determination, etc., should be reported in Item A14.			

Item	Instructions		
A. Total Expenditures of Activities (cont.)	The expenditures for Job Readiness, Job Placement, and Post-Employment Services that are not provided through the use of vouchers or contracts, but are		
Items A1 through A14	provided as part of a comprehensive community service, work experience, or on-the-job training program, are to be included in the amounts reported in Section III, Items A1, A2, and A5.		
	Note: Only include expended portion of vouchers or contracts. Do <u>not</u> include the half holdback for six-month placement in the workforce until the expenditure has been incurred.		
	20CFR 645.220 and 645.230(a)(3)		

Section IV. Other Reportable Items

Item	Instructions				
A. Non-Federal Match	Enter the cumulative total amount of actual non-federal match expenditures. This amount includes the total of "In-Kind Match." 20CFR 645.300(2)(i)				
B. In-Kind Match Enter the amount of Item IV-A, "Non-Federal M which is In-Kind Match from third parties. Limit 50 percent Maximum. Note: Completion of this block is optional. How it is recommended that cash match and in-kind r be tracked and documented at the local level. recommendation is made to allow for the possibility using these funding sources as stand-in in the of disallowed costs identified during an audit. 20CFR 645.300(2)(ii)					
C. Unliquidated Obligations	Enter the cumulative funds that have been obligated (contracts and purchase orders) but for which services or goods have not been received.				
D. Program Income Earned	Enter the amount of <i>Program Income Earned</i> that was directly generated or earned only as a result of the subgrant on which you are reporting.				
E. Program Income Expended	Enter the amount of accrued expenditures of program income.				

Item	Instructions		
F. Total Cash Received	Used for Closeout Reports Only. Enter the total amount of cash drawn from the State. Note: If you indicated in Section I, Item F Final Report (N/Y/C) that this is a (C) Closeout Report, you must enter the total cash received amount here.		

Section V. Comments

Enter any comments in this section. If expenditures vary from the WtW grant program plan by more than 15 percent, an explanation is required in this section.

Section VI. Certification

Item	Instructions		
Name	Enter the name of the authorized official who will be signing the form.		
Title	Enter the authorized official's title.		
Phone Number	Enter the authorized official's phone number.		
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and in compliance with the WtW grant program.		
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.		
Title	Enter the contact person's title.		
Phone Number	Enter the contact person's phone number.		
Date Submitted	Enter the date the form is signed and submitted to the State of California.		

Welfare-to-Work Interim Participant Report

1. SUBGRANTEE NAME AND ADDRESS			2. SUBGRANTEE CODE:				
				3. GRANT CODE:			
			4. RE	POR	T PERIOD I	ENDING:	
I. SUBGRANT II	NFORMATION						
A. Report Revisi	on Number						
B. Subgrant/Con	tract Number						
C. Subgrant Terr	m: From:			/	/		
	To:			/	1		
II. PARTICIPAN	TSUMMARY		CUMU	ILAT	IVE TOTAL	S	
A. Total Participa	ants Served						
1. Required E	Beneficiaries (70% of \$	MINIMUM)					
2. Other Eligi	bles (30% of \$MAXIMI	JM)					
B. Total Participa	ants Terminated						
1. Required E	Beneficiaries (70% of \$	MINIMUM)					
2. Other Eligi	bles (30% of \$MAXIMI	JM)					
C. Placed in Uns	ubsidized Employmen	t					
1. Public Sec	tor						
2. Private Se	ctor						
III. FAMILY SUN	IMARY	Quarter Total	Firs Mon		Second Month	Third Month	
A. Total Number	of Families Served						
B. Total Number	of Participants Served						
	C. Total Number of Non-Custodial Parents Served						
D. Total Number	D. Total Number of Families Terminated						
E. Total Number Terminated							
IV. CERTIFICATION: I certify to the bes correct and that all outlays and unpaid subgrant.			_			•	
Name	Title	Phone No.		Sigr	nature		
Contact Person	Title	Phone No.		Date	e Submitted	I	

Welfare-to-Work Interim Participant Report Line Item Instructions

Heading Information

Item	Instructions
Subgrantee Name and Address	Enter the name and address of the Service Delivery Area (SDA) or the Subgrantee.
2. Subgrantee Code	Enter the Job Training Automation (JTA) three-digit alpha-code assigned to each Subgrantee by the Job Training Partnership Division (JPTD).
3. Grant Code	Enter the JTA three-digit numeric-code assigned to each funding source by JTPD. Note: Only one grant code can be reported per form.
4. Report Period Ending	Enter the ending Month and Year of the report period for which this report is prepared.

Section I. Subgrant Information

This section provides subgrantees allocation and reporting information.

Item	Instructions
A. Report Revision Number	Enter the revision number of this report (sequence number should be tracked by the SDA). This item has been added to ensure that the most current version of the report has been entered into the State's system. If this report is the initial report for the reporting period, enter "00." If this report is the first revision, enter "01," and so forth.
B. Subgrant/Contract Number	Enter the subgrant contract number assigned by the Employment Development Department.
C. Subgrant Term: From: To:	Enter the beginning (From) and ending (To) dates for the subgrant being reported.

Section II. Participant Summary

This section provides participant information on a cumulative basis. The Department of Labor (DOL) requires the state to report participants by formula grant and competitive grant in order to account for the money used to serve the WtW recipients.

Item	Instructions
A. Total Participants Served	Enter the cumulative number of WtW clients served from the beginning of the fiscal year to the end of the report period. If a client terminates from the program and returns for additional services, the client is to be counted again. <i>Total Participants Served must equal the sum of Required Beneficiaries</i> and <i>Other Eligibles</i> .
Required Beneficiaries	Enter the cumulative number of WtW clients served who met the <i>Required Beneficiaries</i> eligibility requirements for 70 percent of the funding from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients served who met the <i>Other Eligibles</i> eligibility requirements from the beginning of the fiscal year to the end of the report period.
B. Total Participants Terminated	Enter the cumulative number of WtW clients terminated from the WtW program. If a client leaves and returns for additional services, the client is to be counted again when terminated. Total Participants Terminated must equal the sum of Required Beneficiaries Terminated and Other Eligibles Terminated.
1. Required Beneficiaries	Enter the cumulative number of WtW clients who met the <i>Required Beneficiaries</i> eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients who met the <i>Other Eligibles</i> eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
C. Placed in Unsubsidized Employment	Enter the cumulative number of WtW clients placed in Unsubsidized Employment. (Note: To date, the DOL has not officially defined a placement in unsubsidized employment.)
	Placed in Unsubsidized Employment must equal the sum of Public Sector and Private Sector (Items C1 + C2).
1. Public Sector	Enter the cumulative number of WtW clients placed in Unsubsidized Employment in the public sector from the beginning of the fiscal year to the end of the report period.

Item	Instructions
2. Private Sector	Enter the cumulative number of WtW clients placed in Unsubsidized Employment in the private sector from the beginning of the fiscal year to the end of the report period.

Note: California is still evaluating the options for post-employment follow-up for the WtW program. No federal guidelines have been released.

Section III. Family Summary

This section provides state Temporary Assistance to Needy Families (TANF) information as proposed by the Department of Health and Human Services for those clients who are participating in the WtW program. All counts of families and individuals should be unduplicated monthly totals.

Item	Instructions
A. Total Number of Families Served	Enter the number of TANF families receiving assistance under the state WtW program for each month of the quarter.
B. Total Number of Participants Served	Enter the total number of participants in the state WtW program for each month of the quarter.
C. Total Number of Non-Custodial Parents Served	Enter the total number of non-custodial parents participating in the state WtW program for each month of the quarter.
D. Total Number of Families Terminated	Enter the number of families whose participation in the state WtW program was terminated for each month of the quarter.
E. Total Number of Participants Terminated	Enter the total number of participants whose participation in the state WtW program was terminated for each month of the quarter.

Section IV. Certification

Item	Instructions
Name	Enter the name of the authorized official who will be signing the form.
Title	Enter the authorized official's title.
Phone Number	Enter the authorized official's phone number.

Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and in compliance with the WtW grant program.
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.
Title	Enter the contact person's title.
Phone Number	Enter the contact person's phone number.
Date Submitted	Enter the date the form is signed and submitted to the State of California.